

Part C State Annual Performance Report (APR) for FFY 2009**Overview of the Annual Performance Report Development:**

See Overview description in Indicator 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General Supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416 (a)(3)(B) and 1442)

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

States are required to use the “Indicator C 9 Worksheet” to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
FFY 2009	100%

Actual Target Data for FFY 2009:

86%

Describe the process for selecting EIS programs for Monitoring:

DES/AzEIP established a five-year monitoring cycle for conducting site reviews based on population and risk factors. Maricopa County, which consists of 60% of the population in the State and had known system concerns and compliance issues, was chosen for Cycle 1. Cycle 2, 3, 4, and 5 were chosen by risk factors, and then grouped geographically to establish the Cycles.

During FFY 2008 Arizona began the process of making significant revision to its General Supervision policies, procedures, forms and/or tools to integrate General Supervision components and align with federal and State requirements, including child and family outcomes. The revised General Supervision system will incorporate the principles and practices of desk audit, program self-assessment, focused monitoring, data validation, corrective action, enforcement, family outcomes surveys and review of

complaint logs. A full description of the revised General Supervision system will be included in the FFY 2010 APR.

As a transition from Arizona's established a five-year monitoring cycle for conducting site reviews to its revised General Supervision system, site reviews were conducted for programs that were part of Cycle 1, Maricopa County. Therefore, the data used to measure this indicator are taken from site visits that occurred in Maricopa County during FFY 2008 with programs that were part of Cycle 1 (of Arizona's five-year site visit cycle). One program in Cycle 1 was not included in this year's site review process as they recently underwent a Focused Monitoring visit, have an open Corrective Action Plan and are engaging in intensive technical assistance efforts with the AzEIP TAMS.

In addition, data from Dispute Resolutions in FFY 2008 were reviewed. There were no findings of noncompliance issued in FFY 2008 as a result of dispute the resolution processes.

AZ INDICATOR C-9 WORKSHEET				
Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring Activities	1	1	1
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities	2	2	1
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services.	Monitoring Activities	0	0	0

8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B.	Monitoring Activities:	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities	0	0	0
OTHER AREAS OF NONCOMPLIANCE Service Coordination Functions: Coordinate and monitor delivery of IFSP services; Assist family in accessing services; Document steps needed to assist family in obtaining "Other Related Services"	Monitoring Activities	1	3	3
OTHER AREAS OF NONCOMPLIANCE: IFSP Required Components: "Other Related Services" needed or in place are documented on the IFSP	Monitoring Activities	1	1	1
OTHER AREAS OF NONCOMPLIANCE: Timely and Accurate data ; Data is entered timely; Data is accurate- data in child's file matches data in database Delay reason for 45 day timeline is entered timely and accurately	Monitoring Activities	1	1	0
OTHER AREAS OF NONCOMPLIANCE: Procedural Safeguards- Evaluation and Assessment in family's native language; PWN initial evaluation; initiation of services; eligibility decisions; Ensuring families have copy of Procedural Safeguards for Families booklet; Record release and access log in file.	Monitoring Activities:	2	6	6

	14	12
Sum the numbers down Column a and Column b		
Percent of noncompliance corrected within one year of identification =	(b) / (a) X 100 =	86%
(column (b) sum divided by column (a) sum) times 100.		

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009:

- The State experienced slippage from FFY 2008 at 95% to 86% in FFY 2009.
- The State did not meet its target of 100%.
- The two remaining items not corrected were in 1 EIP: 45 day timeline and timely, accurate, and complete data.
- AzEIP TAMS conducted follow up with program in special conditions re: 45 day timeline; and quarterly site reviews and targeted technical assistance visits with special conditions re: timely provision of services.
- At least quarterly, the AzEIP TAMS met with the EIP(s) with open corrective action plans to review progress toward completion of activities and strategies contributing to the noncompliance; to conduct subsequent child file audits to determine if the EIP was correctly implementing the regulatory requirement in which the EIP was issued a finding of noncompliance.
- DES/AzEIP and the AzEIP TAMS held quarterly conference calls with the EIPs to review the outcomes of the visits with the TAMS, to discuss current status of the CAP and to identify training, technical assistance needed to address the root causes of any noncompliance not yet corrected.
- To ensure new AzEIP contractors understood the breadth of the regulatory requirements, the TAMS provided Quarterly TA visits to Redesign Phase One programs and monthly TA visits to new contractors beginning in November 2009.

Improvement Activity	Timeline	Status
Revise General Supervision policies, procedures, forms and/or tools to integrate General Supervision components and align with federal and State requirements, including child and family outcomes. The revised General Supervision system will incorporate the principles and practices of desk audit, program self-assessment, focused monitoring, data validation, corrective action, enforcement, family outcomes surveys and review of complaint logs.	July 2010	<p>Completed</p> <p>DES/AzEIP worked with Mountain Plains Regional Resources Center, and the Data Accountability Center to establish the operating manual for implementation of the new AzEIP General Supervision policy.</p> <p>The General Supervision policies, procedures, forms and/or tools to integrate General Supervision components and align with federal and State requirements, including child and family outcomes have been revised.</p>
Initiate implementation of the revised General Supervision policies, procedures, and tools.	July 2010	<p>DES/AzEIP fully implemented the new General Supervision system July 1, 2010.</p> <p>Revised General Supervision tools, such as the AzEIP Self Report, were implemented in July 2010. In preparation for completing the Self Report, DES/AzEIP staff selected the EIPs to complete the AzEIP Self Report. The AzEIP Self Report is based on a 3 year Cycle and is one of the new components of the revised General Supervision system.</p> <p>EIPs were notified of the selection and were required to participate in a conference call with DES/AzEIP to review the Self Report process, selection of files and file review components and completion of the actual Self Report. The AzEIP TAMS provided onsite training and technical assistance with each of the EIPs selected.</p>
Utilize root cause analysis process to identify challenges and barriers to correction of non-compliance.	July 2010 and ongoing per new General Supervision procedures	<p>Corrective action plans for newly identified 45 day non-compliance included completion of a root cause analysis as a first step. The results of the root cause analysis were used to identify additional corrective action steps to address the correction of the noncompliance.</p>

Pursue contract sanctions to address noncompliance not corrected within 1 year. (2009-2010)	July 2010 and ongoing per new General Supervision procedures	DES/AzEIP imposed first level of contract sanctions with one EIP who did not correct all of the EIP noncompliance within one year related to Indicator 7 and timely, complete and accurate data. In coordination with the AzEIP TAMS, the EIP was required to review its CAP and conduct a root cause analysis to identify the remaining contributing factors to its noncompliance and to revise the strategies and activities to correct the noncompliance as soon as possible. In addition, the EIP was required to participate in weekly calls with the AzEIP TAMS to ensure delay reasons, when necessary, were entered timely and accurately.
---	--	--

Timely Correction of FFY 2008 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

A. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009) (Sum of Column a on the Indicator C 9 Worksheet).	14
B. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet).	12
C. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)].	2

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

D. Number of FFY 2008 findings not timely corrected (same as the number from (3) above).	2
E. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction").	2
F. Number of FFY 2008 findings <u>not</u> yet verified as corrected [(4) minus (5)].	0

Demonstrating Correction as outlined in 09-02 Memo

The information below pertains to the correction of the "Other Areas of Noncompliance" reported above in the C-9 worksheet and represented in the below table.

1. Accounting for All Instances of Noncompliance:

- The State accounted for all instances of noncompliance as identified through on site monitoring of Early Intervention Programs (EIP) in Cycle 1 of the States 5 year cycle.

2. Noncompliance Occurred in 1 EIP as Follows

- FFY 2008 – Site Reviews

Other Areas of Noncompliance	Percentage of Noncompliance	Root Cause Based on review of child files, interviews with EIP supervisors and service coordinators the following contributing factors to the noncompliance were identified:
Procedural Safeguards		<ol style="list-style-type: none"> 1. The percentage and level of noncompliance was not extensive. 2. The few instances of noncompliance were not isolated to any one particular team or service coordinator. 3. One significant contributing factor was related to the service coordinators not adhering to AzEIP Policies and Procedures related to ensuring appropriate documentation is maintained in each child's file, specifically copies of consent and prior written notice forms, documentation that a copy of Procedural Safeguards were provided, documentation of service coordination activities and ensuring a record release/access log was in each child's file. 4. Another contributing factor was identified as the service coordinators ensuring documents are completed appropriately, such as updates to the IFSP, evaluation and assessment reports including all areas of development, and obtaining parent initials on the IFSP related to PWN.
Documentation -Evaluation and Assessment conducted in family's native language/primary mode of communication.	91% (29/31 files reviewed)	
Documentation of Consent and Prior Written Notice for Evaluation 303.403(b).	97% (32/33 files reviewed)	
Prior Written Notice of eligibility decision 303.403(b).	85% (28/33 files reviewed)	
Documentation of Prior Written Notice – Initiation of IFSP services 303.342(e).	95% (20/21 files reviewed)	
Documentation that Procedural Safeguards handbook provided with PWN. 303.403(b).	94% (32/34 files reviewed)	
Record Release and Access log not in file.	88% (29/33 files reviewed)	
IFSP Required Components		
Documentation of "Other Related Services" in place or needed on the IFSP Supports and Services page.		
Evaluation and Assessment		
Evaluation and Assessment includes all areas of development 303.322(c)(3).	94% (29/31 files reviewed)	
Service Coordination Functions		
SC documentation of activities to assist family to identify and access community resources.	83% (5/6 files reviewed)	
Documentation of coordination and monitoring efforts in ensuring timely service delivery.	83% (19/23 files reviewed)	
Documentation that outcomes were reviewed during 6 month review of the IFSP.	67% (2/3 files reviewed)	
Timely and Accurate data		<ol style="list-style-type: none"> 1. EIP did not have clearly outlined procedures for service coordinators to submit data for timely and accurate data entry, including reason for delay related to 45 day timeline. 2. EIP did not have procedures for ensuring accuracy and completeness across the child's paper file and electronic file.
Timely, complete and accurate data.	92% (23/25 files reviewed)	

3. To Address the Noncompliance, the State Required Each EIP to:

- In coordination with the AzEIP TAMS, develop and implement a Corrective Action Plan detailing the actions the EIP will take to correct the noncompliance as soon as possible, but no later than one year from the date of the notification. As part of the process of developing the CAP, the EIP is required to look at potential contributing factors to the noncompliance and develop strategies, timelines and training and technical assistance needs to address the factors identified related to:
 - Infrastructure/Staffing,
 - Valid and Reliable Data,
 - Development/Revisions to Program Policies and Procedures,
 - Changes to Supervision,
 - Provision of Training and Technical Assistance,
 - Changes to Provider Practices.
- Require supervisors and service coordinators to participate in quarterly technical assistance visits with the AzEIP TAMS to review the regulatory requirements under IDEA, Part C and AzEIP Policies and Procedures.
- Access additional technical assistance, as needed.

4. Verification of Correction of FFY 2008 Findings of Noncompliance (either timely or subsequent):

Prong 1: To ensure correction of child-specific noncompliance, the state required the EIP program to correct each instance of the noncompliance (as described in the Table above) and submit documentation of the correction to the State office within 45 days of the EIP site review. The State reviewed the documentation to ensure the child-specific noncompliance was corrected in accordance with the IDEA, Part C and AzEIP Policies and Procedures.

Prong 2: To ensure the program was *correctly implementing each of the regulatory requirements (i.e., achieved 100% compliance)* a subsequent site review of additional child files was conducted by the AzEIP TAMS. The AzEIP TAMS reviewed additional files with the EIP supervisor and service coordinators. The review resulted in the program being at 100% compliance for each of the regulatory requirements, in which they had a finding, indicating the program was implementing them in accordance with IDEA, Part C and AzEIP Policies and Procedures.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable)

If the State reported less than 100% for this indicator in its FFY 2007 APR and did not report that the remaining FFY 2007 findings were subsequently corrected, provide the information below:

A. Number of remaining FFY 2007 findings noted in OSEP's June 2010 FFY 2008 APR response table for this indicator.	2
B. Number of remaining FFY 2007 findings the State has verified as corrected.	2
C. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)].	0

Demonstrating Correction as outlined in 09-02 Memo**1. Accounting for All Instances of Noncompliance**

- a. The State accounted for all instances of noncompliance as identified through on site monitoring of the EIPs based on a 5 year cycle.

2. Noncompliance Occurred in Three EIPs as Follows:

- a. FFY 2007
 - i. Program A (DDD- Pima County) had noncompliance identified with 59 of 94 IFSPs (63% compliance). One finding of noncompliance was issued. Root causes of the noncompliance included:
 1. DDD utilizes a Qualified Vendor (QV) system to procure services. The QV, also known as 557, was designed to allow for family/consumer choice of providers; however it also allows therapists to choose who they will serve. This is a statutory requirement which prevents DDD to require a therapist to serve any specific area or zip code. As a result, not all children have access to timely provision of services.
 2. Limited number of bilingual providers.
 3. Limited number of providers willing to travel to rural areas and or less desirable areas of the County.
 4. Utilizing and accessing medically necessary services available through Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) plan.
 - ii. Program B (Easter Seals Blake Foundation (ESBF)) had noncompliance identified in 37 of 48 children (77%). One finding of noncompliance was issued. Root causes of the noncompliance included:
 1. Determination of the type and frequency of services is based on the level of delay rather than on the family's priorities, resources, the unique strengths and need of the child, and the participation-based outcomes.
 2. Contracts with therapists do not include specific language requiring a therapist to serve a child when the service is identified on an IFSP. The service coordinators may have to call multiple providers before a therapist is identified.
 3. Utilization of available funding sources, such as EPSDT or private insurance, can cause delays when authorizations are not timely.
 4. Team members (contracted therapists) do not ensure that services provided in accordance with planned start date on IFSP. There are no consequences if the services are not timely.
 5. A minimal number of bilingual therapists are available throughout the County.

3. To Address the Noncompliance, the State Required Each EIP to:

- a. Have supervisors and service coordinators participate in quarterly on-site technical assistance visits with the AzEIP TAMS to review IFSPs, procedures for accessing services on the IFSP, and appropriate documentation of service coordination activities.
- b. Participate in technical assistance activities related to developing functional, participation-based outcomes to result in services and supports identified in the IFSP designed to enhance the capacity of the family in promoting their child's participation and engagement in routines, activities, and interactions.
- c. Ensure adequate FTE for all core team members (OT, PT, SLP, DSI and SC) for the contracted county or region.

- d. Review AzEIP policies and procedures, related to service coordination functions and IFSP development and implementation to ensure local procedures are consistent with State procedures.
- e. If necessary, revise and implement local procedures to ensure adherence to AzEIP policies related to service coordination responsibilities in IFSP development, including IFSP team decision making.
- f. When feasible, revise contracts with therapists to include language specifying the therapist will serve children within a specific region and initiate services in accordance with the IFSP.
- g. Continue recruitment efforts for difficult to serve areas and Spanish speaking families.

4. Verification of Correction of FFY 2007 Findings of Noncompliance (either timely or subsequent):

Prong 1: To ensure correction of child-specific noncompliance, the state ensured that the EIP programs initiated the IFSP service for each child, although late (unless the child was no longer within the jurisdiction of the EIP) by requiring the EIP to submit documentation of the actual start date the service was initiated for each child who did not receive timely provision of services. The State required the EIPs to submit documentation of the actual date the service was initiated for the children who did not receive timely provision of services.

Prong 2: To ensure the program was *correctly* implementing the timely service provision requirements (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) a subsequent follow-up on-site review of child files with IFSPs written between 3/1/10-4/30/10 was conducted by the AzEIP TAMS. This review resulted in the EIP being at 100% compliance (23/23 files reviewed) for timely provision of all IFSP services indicating the program was implementing the timely service requirements.

Correction of Remaining FFY 2004 Findings of Noncompliance from

If the State reported <100% for this indicator in its FFY 2004 APR and did not report that the remaining FFY 2004 findings were subsequently corrected, provide the information below:

5. Number of remaining FFY 2004 findings noted in OSEP's June 1, 2009 FFY 2007 APR response table for this indicator.	4
6. Number of remaining FFY 2004 findings the State has verified as corrected.	2
7. Number of remaining FFY 2004 findings the State has NOT verified as corrected [(1) minus (2)].	2

Actions taken as a result of noncompliance not corrected by one EIP in Maricopa County:

One (1) remaining FFY 2004 findings the State has not verified as corrected is related to Indicator 1 –timely provision of all IFSP services (DDD Maricopa County).

DES, in its response OSEP's Verification Visit letter provided assurance that the Department will:

1. Comply with the single line of responsibility requirements to administer all early intervention programs consistent with the Individuals with Disabilities Education Act (IDEA) section 635(a)(10)(A) (20 USC §1435(a)(10)(A)) and 34 CFR §303.501(b)(2);

- a. DES/DDD adopted AzEIP Policies and Procedures as their procedures for children ages birth to three.
 - b. DES/DDD is in the process of developing, and once approved by AzEIP, will provide technical assistance to ensure the DDD employees, contractors and vendors understand and comply with the AzEIP Policies and Procedures.
- 2. Provide timely early intervention services to eligible children and their families in all geographical regions in the State through appropriate written methods under IDEA sections 637(a)(2) and 640(b) (20 USC §1437(a) and 20 USC §1440(b)) by (a) modifying DDD's Qualified Vendor system to procure services in a team-based model and (b) amending the Department's Arizona Early Intervention Program's (DES/AzEIP's) contracts to require early intervention services for children and families when the DDD Qualified Vendor network is not available to do so.
 - a. DES/AzEIP is in the process of making amendments to its' contracts to require the contractor to provide early intervention services for children and families when the DDD Qualified Vendor network is not available to do so.

Actions taken as a result of the noncompliance not corrected by one EIP in Pinal/Gila Counties:

One (1) remaining FFY 2004 findings the State has not verified as corrected are related to Indicator 7 – Initial IFSP developed within 45 days of referral for all eligible children (1 program in Pinal/Gila).

Previously initiated corrective action steps continued. Throughout the period, the program was required to submit 45 day timeline data for each child to DES/AzEIP on a semi-monthly basis. After each submission, the data were reviewed by DES/AzEIP staff, and lists of children exceeding the timelines were compiled and distributed to the program manager and TAMS. The program was required to review the files of the children with their TAMS, identify the cause of the lack of timeliness, and report on activities to complete the evaluations and IFSPs for those children. By reviewing subsequent data, AzEIP ensured that each child requiring evaluation or IFSP subsequently received them, whether timely or untimely.

To address delays resulting from interagency collaboration challenges region-wide meetings began in October 2010 with the AzEIP local program contractor, regional DDD staff and supervisors, DES AzEIP monitoring staff, and AzEIP TAMS. These meetings involve review of current and recent sub-regional data related to the 45 day timeline, and identification of intra-and interagency challenges to compliance with timelines for eligibility and initial IFSP development. After identifying specific challenges facing the sub-regions, solutions, including interagency timelines were developed. Meetings will continue on a monthly basis until the issues have been resolved.

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State's Response
<p>The State must demonstrate, in the FFY 2009 APR, that the remaining two findings of noncompliance in FFY 2007 and four findings in FFY 2004 that were not reported as corrected in the FFY 2008 APR were corrected.</p>	<p>The State included data to demonstrate, in the FFY 2009 APR, that the remaining two findings of noncompliance in FFY 2007 were corrected. A full description can be found in Indicator 1.</p> <p>The State included data to demonstrate that two of the four remaining findings identified in FFY 2004 were corrected. Both corrections were related to Indicator 7.</p> <p>The State did not demonstrate that two remaining uncorrected noncompliance finding identified in FFY 2004 were corrected. Progress data and action steps are included in this APR in Indicator 1 and Indicator 7.</p>
<p>The State must report that it verified that each EIS program with noncompliance identified in FFY 2007 and FFY 2008: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer in the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In the FFY 2009 APR, that State must describe the specific actions taken to verify the correction.</p>	<p>In Indicator 1 and Indicator 7, the State reported that it verified that each EIS program with noncompliance identified in FFY 2007 and FFY 2008: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer in the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In the FFY 2009 APR, that State must describe the specific actions taken to verify the correction.</p>
<p>In responding to Indicators 1 and 7 in the FFY 2009 APR, the State must report on correction of noncompliance described in this table under those Indicators.</p>	<p>In responding to Indicator 1 and 7 in FFY 2009 APR, the State reported on correction of noncompliance as described in this table under those Indicators.</p>
<p>The State must use the Indicator 9 Worksheet.</p>	<p>The State used the Indicator 9 worksheet and has included it as part of Indicator 9.</p>
<p>If the State does not report 100% compliance for this indicator in the FFY 2009 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>The State did not report 100% compliance for this indicator. The State reviewed its improvement activities and revised them, as necessary.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

Improvement Activity	Timeline	Resources
<p>Initiate implementation of the revised General Supervision policies, procedures, and tools.</p> <p>Revise: Evaluate General Supervision policies, procedures, forms and tools, revise and improve efficiency and effectiveness.</p> <p>Justification: Initial implementation is underway.</p>	<p>July 2010</p> <p>Revised timeline June 2012, 2013</p> <p>Justification: Align with extension of SPP</p>	CQI Coordinators, TAMS
Utilize root cause analysis process to identify challenges and barriers to correction of non-compliance.	July 2010 and ongoing per new General Supervision procedures	DES/AzEIP Staff, Early Intervention Programs
Pursue contract sanctions to address noncompliance not corrected within 1 year (2009-2010).	July 2010 and ongoing per new General Supervision procedures	DES/AzEIP Staff, DES Office of Procurement
New Improvement Activities	Timelines	Resources
<p>DDD will, with modification appropriate to DDD, implement AzEIP policies and procedures for early intervention services for children birth to three and their families. Policies, procedures, directives, and other guidelines will comply with IDEA Part C and AzEIP.</p> <p>Justification: Reflect requirements from OSEP Verification Visit to align DDD policies, including IFSP team decision-making, and support implementation.</p>	July 2010 and ongoing	DES/AzEIP Staff, DES/DDD, TAMS

<p>Provide targeted and general technical assistance through regional meetings, on-site and phone meetings with TAMS and/or DES/AzEIP staff, written guidance/clarification and other strategies. Technical assistance will address:</p> <ul style="list-style-type: none"> • Family Rights, • Transition, • Team-based early intervention, • Service Coordination, • Financial Matters, including FCP, Medicaid, private insurance, • Child Indicators/ Child Indicator Summary Forms, • Data Collection and Reporting Requirements, • Data Systems and resolution of production problems, • Transition. <p>Justification: To clearly define the T/TA priorities of the State.</p>	June 2011, 2012	DES/AzEIP Staff, TAMS
---	-----------------	-----------------------